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Massachusetts Regional Conferences on Pandemic Preparedness

Report of Findings

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I. INTRODUCTION

In February 2006, U.S. Health and Human Services Secretary Michael Leavitt joined Governor Mitt Romney and Lieutenant Governor Kerry Healey in a statewide summit to launch the Commonwealth's pandemic influenza public awareness and planning campaign. To continue the progress started at the statewide summit and to build on the Commonwealth's ongoing emergency preparedness planning, agencies within the Massachusetts Executive Office of Health and Human Services (EOHHS), and Executive Office of Public Safety (EOPS) and the Department of Education collaborated to plan five regional Pandemic Planning Conferences. Spearheaded by the Department of Public Health (MDPH), the five conferences were held in May and June in Worcester, Amherst, Danvers, Taunton, and Boston, one in each of the Commonwealth's Homeland Security Regions. Over 1,200 regional representatives from local government, non-profit agencies, and private organizations came together to discuss the latest information on the pandemic threat, and their respective roles in local preparedness planning.

Following informational presentations on the threat posed by pandemic, pandemic preparedness planning at the state level, and risk communication strategies, conference participants broke into working sessions by sector: (1) businesses; (2) civic, faith, and community organizations; (3) higher education; (4) primary and secondary education; (5) municipal government; and (6) public health, public safety, and hospitals. This report summarizes the outcomes of each conference, including sector-specific issues and challenges, as well as details on what each sector needs (e.g., information, resources, tools and technical assistance) from state leaders to ensure successful planning. The report concludes with recommendations to state officials regarding measures that will support planning for all sectors, as well as sector-specific recommendations.

II. OUTCOMES BY SECTOR

Sector representatives were invited to the regional conferences to:

1. Ensure they are educated about influenza pandemic issues and prepared for continuing essential services during a pandemic
2. Promote coordination among organizations in the areas of public education, risk communication, and community preparedness
3. Identify the process (es) by which organizations in each sector can be made aware of the threat of an influenza pandemic
4. Understand what can be done by each sector to prepare for pandemic, as well as the challenges and needs associated with planning



5. Provide contact information to link sector representatives with the relevant local planning groups

Participants from each sector were charged with identifying the anticipated issues and challenges related to pandemic planning and response, need for information, resources, tools and technical assistance to ensure effective planning, and the next steps involved in continuing sector-specific planning in the region. To ensure that participants understand their role and assess progress to date, review the purpose and content of Continuity of Operations Plans (COOPs), and develop a set of next steps to ensure participants are prepared for a pandemic, participants in each session were asked:

- ♦ What do you know about pandemic planning?
- ♦ What is your role and what have you done thus far?
- ♦ What are the services you offer that are likely to be affected by pandemic? Which services may need to be suspended and which must continue?
- ♦ What are the questions that need to be answered, issues that need to be addressed and other resources needed to achieve the assignment?
- ♦ What is the strategy for sector-specific regional planning?
- ♦ Who else from the sector needs to be involved? How will you communicate with peers and engage those who are not at the conference in planning?
- ♦ Which participants will take lead roles for each identified step and how/when will the group charged with planning come together?
- ♦ Are there existing structures (e.g., regional associations, work groups) that can be used for planning?
- ♦ How will you link to other regional planning (e.g., Public Health, Homeland Security, and Hospital) and future exercises and drills?

A series of follow-up activities for each sector following the conferences will support continued planning. These activities may include town meetings, educational forums and/or sector specific workshops. There will be local, regional and statewide exercises/drills to test the viability of pandemic preparedness plans and to identify vulnerabilities so that they can be corrected. It is expected that sector representatives will have completed their individual plans and that an inventory of regional plans will be prepared to allow for a series of multi-level exercises and follow-on gap analysis to be conducted during the fall of 2006.

A. Business

Although regional planning by sector has benefits, it is more effective for individual businesses to create their own plans, coordinate with other planning (i.e., locally, within their region), and reach out for assistance/support from other businesses as needed. Outreach to engage businesses

can also be done effectively through statewide, regional and local associations to ensure that businesses learn about the importance of pandemic planning, access critical resources through a streamlined process, collaborate with other community partners, and achieve their preparedness and response objectives. The overarching objective for the business community regarding pandemic planning is retaining the financial viability of their organization throughout the challenging, uncertain pandemic period.

Approximately 200 individuals attended the Business Breakout Sessions at the five Summits. Of these attendees, almost half were from the banking and finance sector, just under ten percent were from the health care sector, five percent each were from the insurance, retail food, pharmaceutical, and Chambers of Commerce, and smaller numbers from other industries. Most attendees were leaders within human resources or risk management at their organizations.

Issues and Challenges

Business sector participants identified a range of challenges related to pandemic planning, preparedness, and response. These were generally related to: the pandemic planning process generally; communications and education; human resources; and effective planning, preparedness, and response partnerships. Most participants noted that their organizations had active business continuity plans but most also said that they had not developed pandemic influenza response plans for their organizations. Almost none of the participants had performed a systematic assessment of the potential impact of an influenza pandemic on their organization. Most organizations had assigned an individual or team to be responsible for planning for a pandemic. (Note: Businesses that had not done this were probably less likely to send a representative to a conference.)

Participants expressed two primary challenges associated with the goals of the ***pandemic influenza planning process***: 1) maintaining financial viability and 2) assuring business continuity. These represented the overarching objectives of planning. Generally, attendees had not adopted a planning process specifically related to a pandemic flu. Most had approached planning from a traditional business continuity perspective. Participants expressed concern that smaller businesses would be disproportionately impacted due to fewer planning resources that would support the planning process. Participants urged that an integrated planning process be employed to reach and engage small businesses in preparedness activities and to help sustaining momentum for pandemic planning after the regional conferences are concluded.

Participants also identified several internal planning challenges or issues that will affect the ability of individual businesses to plan for a pandemic successfully. These challenges were generally associated with leadership and management approaches and concerns related to planning, including: aligning incentives to work together to keep going during a crisis; leadership support for preparedness planning; identifying the cost/benefit of preparedness and allocating funds appropriately; protecting business confidentiality, specifically relative to trade secrets;

assuring the continuity of response and sustainability of preparedness activities, and; balancing protection of customer service with preparedness (protective) activities.

Management challenges related to pandemic influenza preparedness and response planning included: bringing the right people to the table; assigning planning tasks; identifying best planning practices and learning from past experiences; managing the interdependence of preparedness activities (between private sector organizations and between public and private sectors); and simplification of the planning process. Participants were clearly looking for guidance that would make planning easier and expeditiously.

Participants recognized a need to minimize and simplify plans and processes and discussed using an “all-hazards” approach to maximize their planning efforts. They asserted that organizational leadership must be engaged in planning to ensure a unified and top-down approach and that businesses must also establish a chain of command to ensure continuity of operations in the event of a depleted workforce. They expressed concern about the time and funding required for comprehensive planning, as well as how they will maintain and sustain a high level of preparedness and interest over time. They are also uneasy about supply chain continuity, as a factor not within their control, but which will affect their ability to continue operations. Participants believed public/private partnerships are necessary to ensure that businesses receive consistent messages about and tools for planning and so that businesses will understand their role versus that of federal, state, and local government in the event of a pandemic. For example, participants questioned whether, in an emergency, some level of government will take over the distribution of certain supplies (e.g., food) that are ordinarily sold and distributed by businesses.

Business sector participants also identified several challenges related to ***communication and education*** of staff and customers. They are concerned about how to establish systematic communication between clients and businesses, how they will access credible information to use in communicating with customers and their own employees, and how to ensure continuity of messages to avoid mixed communication from different venues. They noted that overcoming skepticism (i.e., getting people to believe a pandemic could happen) will be challenging. They are unsure how to communicate about potential loss of life, as it is a subject they believe people will not want to discuss. Education of employees is a critical concern. Most participants were eager to learn about sources of available information as well as effective and efficient methods to educate employees about the threat of an influenza pandemic and ways to protect themselves and their families. Participants also considered potential legal implications of sharing information about a public health threat such as pandemic influenza.

Business sector participants also discussed a number of ***public relations/customer service issues***, including balancing protection with customer service, as well as how to manage community expectations about what businesses can really do to prepare for a pandemic and to function during such a crisis. Participants explained that the difficulty of restoring consumer confidence will be in direct proportion to how devastated businesses are by a pandemic. Although worried

about the ability of all businesses to return to normal after a pandemic, they expressed particular concern about whether small businesses could recover at all. Another public relations issue discussed by business sector representatives is whether those businesses that offer products and services during a crisis will be perceived as opportunists.

The **human resources** issues identified by participants were varied and numerous. The participants implicated the need for a consistent method to estimate the impact of an influenza pandemic on their human resources (i.e., percent susceptible, percent exposed, percent absent and sick, percent absent but not sick, and percent fatalities). Common assumptions include: staff will be afraid to go to work due to risk of exposure but will also need to work to maintain their income; staff will need to be absent to care for ill family members or children who can not attend school (due to closures or health concerns); and, staff will have specific protection and health promotion needs. In addition, there is specific legal and contractual guidance that will drive preparedness and response in this area. Issues of concern include:

- The impact of absenteeism on the ability of the business to operate effectively
- Succession planning for key organizational responsibilities
- Cross-training or outsourcing to maintain service continuity – participants recognize the need to cross-train employees to ensure continuity of operations during a pandemic
- Employee leave, compensation, and insurance policies and procedures, including dealing with “presenteeism,” (i.e., employees who come to work when they are sick) and workers compensation programs
- Enabling “telework” and “Work from Home” programs to address several of the employee-related concerns
- Human resources policies and procedures from a regulatory, legal, and financial perspective (i.e., pay, absences, unions, etc.)
- Critical business process/function/personnel continuity
- Controlling “stress” on the organization and its employees
- Managing the cultural change associated with such methods as social distancing
- Identifying and implementing effective protective measures

Participants discussed whether health plans will cover vaccinations as well as a greater than 30-day supply of medications. They recognize that managing payroll may be difficult and questioned whether they should proactively identify back-up plans for ensuring its continuity. If human resource functions are outsourced, businesses recognize they will need to address confidentiality issues that will arise.

Finally, participants identified specific challenges around the development and management of **effective partnerships** to support planning, preparing, and responding to an influenza pandemic or other public health event. Partnerships with other private sector organizations (suppliers, insurers and other support organizations, or complementary organizations), private sector aggregators (such as trade groups, Chambers of Commerce, or specialty groups such as business



continuity groups), or public sector agencies were all identified as valuable. Most participants had experience in developing and managing partnerships but not in this topical area nor with public sector organizations. It was suggested that these partnerships focus on: collaborative planning to maximize scarce resources; information exchange regarding governmental policy decisions, plans and responsibilities (particularly with MDPH, the Massachusetts Emergency Management Agency (MEMA), and others); risk reduction through interaction with insurers; and market-based approaches relative to operations.

Resources

Business sector participants identified a number of resources that could be useful in pandemic planning for their sectors. The Commonwealth of Massachusetts, the New England Disaster Recovery Information Exchange (NEDRIX), chambers of commerce, trade groups and industry associations, employer associations, and labor unions could all be useful in assisting with preparedness and response planning, assisting with preparedness and response initiatives, or sharing critical information. They found the business planning templates available at www.pandemicflu.gov useful. They also noted that particular types of staff are critical to effective planning, including human resources personnel, because they are familiar with policies regarding absenteeism and disability and in finding supplemental employees. Other useful resources for planning may include personnel from information systems, finance, and purchasing. Some participants noted the potential value of partnerships with higher education, as students could aid in planning activities while gaining valuable experience. Some also thought business insurance providers may have information that could be useful for preparation.

Needs

Sector participants identified several needs they believe to be vital to successful planning, including:

- An identified State contact to serve as a clearinghouse and be the conduit for information and communication from the state to the business community
- A planning template for small businesses that do not have in-house human resources or facilities managers
- Tools for training employees and communicating with the public
- Linkage to, and inclusion in, local community emergency plans
- A forum for engaging healthcare plans in planning to ensure that health coverage issues are addressed
- A mechanism for linking small and large businesses for help in planning and in times of need
- Reverse 911 service in all communities

Lastly, funeral directors, who were among the many businesses represented at the regional conferences, explained that the Commonwealth does not yet have an electronic death registration

system. They anticipated difficulties associated with processing information in a mass casualty event like a large-scale pandemic.

B. Civic, Faith, and Community Organizations

Issues and Challenges

Representatives from civic, community and faith-based organizations were invited to the conferences, though the majority of participants represented religious entities and are, therefore, the source of most of the comments in this section.

Sector representatives identified a few challenges related to *pandemic planning across the sector*. Participants expressed concern about how to connect their own planning efforts to those of other organizations and sectors. With the exception of local interfaith councils, regional structures that bring together different denominational representatives do not exist. Individual churches were interested in guidance from the faith hierarchy. Leaders at the regional level (e.g., archdioceses), however, were concerned about how to plan for the region given that they are unsure what is happening at the community level. Participants recognized the need to educate clergy across the state, particularly about the possibility of mass casualties and how to handle funerals during a pandemic. They noted that small churches need to be involved in pandemic planning to ensure that preparation happens at the local level to benefit their parishioners. Participants considered the possibility that church-state legal issues could arise during a pandemic (e.g., church closures) and wondered whether religious leaders who serve in a pastoral care capacity will be able to see sick patients during a pandemic and whether/how those who are not currently credentialed will be allowed to fill in for pastoral care providers who are ill.

Participants also identified a number of *internal planning challenges* that must be addressed. They believed an all hazards approach to planning is important to maximize resources and that is important to conduct an assessment of strengths and weaknesses to ensure that planning efforts concentrate on the areas of greatest need. They determined that they must plan beyond the pandemic itself so they are prepared for the aftermath and recovery of the event. They were concerned about balancing respect for faith-specific tradition and culture surrounding death, funeral rites and burials with the need to cancel or postpone such events to limit exposure to the virus. They questioned how they will know when to discontinue funerals and other events. For example, should funeral services be canceled if/when local schools are closed? And, if religious institutions close, how will people deal with their grief? Participants also discussed the feasibility of social distancing if their organizations do continue to operate during a pandemic. In addition to religious services, many organizations serve as food pantries and sites for other programs (e.g., AA/NA meetings) that will need to continue if/when faith organizations are closed. They are worried about how to maintain such essential services for those who need them.



Sector representatives were able to identify several ***challenges regarding special populations***, as they serve as a link to resources for vulnerable populations in their communities. Participants were particularly concerned about how to reach the elderly, especially those who are homebound, and may not have email. In addition, many refugees and immigrant populations experience language barriers, which means risk communication messages must be delivered in several languages. Participants noted that undocumented people may not seek needed health care due to fear of deportation. They further explained that many refugees and immigrants have lived under harsh conditions (e.g., war, famine) and may therefore not follow recommendations for staying home because they will not see a pandemic as risk. Finally, sector participants were concerned about the uninsured, who may not seek appropriate care during a pandemic because they cannot afford it.

Sector representatives discussed a few ***communication and education challenges*** affecting their ability to inform those they serve about what to do in a pandemic. Although they recognize the need to improve mechanisms for communicating about emergencies like pandemic, they questioned where they will get the information they need to communicate to the public and how to disseminate it appropriately. They are not sure what to say about stockpiling food and medications. They are concerned about mixed messages the public has heard/will hear about the effectiveness of antibiotics and antivirals. They asked how many deaths are expected in Massachusetts and whether funeral directors are prepared. They were not sure how to overcome people's apathy. They are concerned about their ability to convince the public that the government is planning effectively and that the public will be protected.

Resources

Participants described ways in which the faith community can be of particular assistance in ensuring pandemic preparedness, including:

- ♦ Faith organizations typically have large volunteer pools and are a good place to promote volunteer opportunities, such as MSAR, MRC, Connect and Serve, and Red Cross
- ♦ Religious organizations are a good venue for communicating with the public because members trust their religious leaders, especially in immigrant communities
- ♦ Interfaith councils and ministerial alliances may be good bodies for planning across several religions at the local level
- ♦ Some faith-based organizations have nurses who could be helpful during a pandemic

They noted that the needs of special populations may be best addressed through partnerships between religious and community organizations.

- ♦ Councils on Aging may be good partners for addressing the needs of elderly

- ♦ American Red Cross provides bulk food distribution during crises, so would be a good partner for religious organizations that run food pantries, homeless shelters, etc.

Needs

Many participants found the number of recommended tasks to ensure continuity of operations to be overwhelming given their limited institutional resources. They would like assistance with COOP planning and asked if the state could identify the top five or ten things religious organizations should do to prepare for pandemic. They suggested that the state consider sending DVDs to organizations with the information they need for planning. Participants also requested:

- ♦ Assistance in connecting with Local Emergency Planning Committees (LEPCs) and councils of churches for planning purposes
- ♦ Help linking health directors/local government and churches/local non-profits so coordinated local planning can take place
- ♦ To know where and how to get the information they need for education/communication and to respond accordingly in a crisis
- ♦ A roster of conference attendees so they could follow up with others in their respective communities
- ♦ Help identifying and connecting various organizations, particularly in places like Western Massachusetts where communities and organizations are spread out and opportunities for collaboration are limited
- ♦ The Mass.gov website to be simplified and inclusive so all related resources are in one place and easy to find, including information on Connect and Serve

C. Higher Education

Issues and Challenges

Institutions of higher education identified a host of issues and challenges related to pandemic planning. These ranged from caring for residential students to communication with key stakeholders to human resources policies and procedures. The institutions represented were at varying stages of preparedness, but there was significant agreement about the challenges and needs. While there were some differences between concerns of community colleges and those of residential colleges and universities (namely the residential care aspect), there were also many overlapping issues. Regional differences among institutions of higher learning were minimal.

Participants agreed that it is essential to have the buy-in and support of the top administrators within the college or university. For some institutions, this has already happened, and Presidents/Chancellors are leading the planning charge. In other settings, planning groups within health services or other areas have convened, but they have yet to garner the attention of the top



administrators. Securing the support of the leadership in higher education is a priority. Broad representation from different areas of the campus is also important on the planning team. Participants identified health services, residential life, student life, security, food services, and human resources as key players.

Major issues for colleges and universities included widespread concern about identifying the best mechanisms for **communication** with staff, faculty, students and their families in advance of a pandemic. Participants agreed that providing information in advance is appropriate and important. They were unsure, however, about the appropriate information to provide (specific messages and amount of information), best timing for providing the information, and vehicles for delivering information.

A variety of venues for delivering information were discussed, including email, websites, flyers, and letters to faculty, student, staff and families. Some institutions have plans to send letters home in advance of the upcoming fall semester. One institution mentioned using freshman orientation as an opportunity to educate parents about the college's emergency plans. Some colleges and universities are contemplating holding town meetings to engage their local communities. More specific concerns included methods for communicating with students' non-English-speaking parents and international students.

The possibility of **school closures** was a significant issue for all higher educational institutions. Many questions were raised in this area, including:

- ♦ What will be the trigger for school closures?
- ♦ Who will decide when/if schools close?
- ♦ Will all schools be closed at the same time?
- ♦ How will information about school closures be communicated to higher educational institutions?
- ♦ If schools close, how will they know when it is safe to re-open?
- ♦ How will continuity of learning be maintained?
- ♦ Will institutions be able to retain students over the course of a pandemic?

Further, one participant observed that if classes continue but sick students are instructed not to attend class, this will come with associated challenges as many professors penalize students for absenteeism. Policies need to be developed and communicated to both faculty and students about the potential need for voluntary absenteeism.)

For **residential colleges and universities**, there is an additional set of challenges. While many institutions anticipate that they will close and send students home, they realize that some students will not be able to leave for a variety of reasons, including travel restrictions, financial

constraints, or simply not having a destination (i.e., school is home for them). The prospect of caring for residential students with significant staff absenteeism is daunting. Specific questions and concerns that were raised included:

- What will be the best way to care for students? Will we need to separate sick students from healthy students?
- How will we provide food, medical care, security and other basics in light of low staffing within the institution?
- If we need to plan for alternative energy sources (e.g., generators), how will we pay for them?
- In smaller institutions, there is not significant storage space to stockpile recommended supplies for residential students.
- What are the appropriate amounts of food, water, medications, etc. for us to store? Many institutions are unsure what they actually need in order to be prepared.
- Most schools rely heavily on outside vendors for essential services (e.g., food services, cleaning, and security). How will these vendors be engaged to assist in caring for students in the event of a pandemic?

Coordination of plans with other sectors is critically important. While some colleges and universities are working with local hospitals, municipalities, LEPCs, or other partners, most participants expressed that they have not yet reached out to partners. One specific area of concern was that other planning groups may have designated university facilities for use as alternative care sites, emergency dispensing sites, or some other function that may impact the institution's ability to make decisions about its own facilities. Some institutions have been contacted by local planning groups and have engaged in discussion about these possibilities. Other institutions worried that they are featured in plans but are not aware of the roles they are designated to play. There was agreement that universities will need to reach out to local boards of health, city and town officials, hospitals, community service agencies, and other agencies at the local level to explore possible collaborations and define roles during a pandemic.

Communication among partners will also ensure that false assumptions are not being built into planning scenarios. For example, one college learned that its local hospital was assuming that there would be no college students on campus in the event of a pandemic. This particular college has a high percentage of international students and other students who would likely have nowhere to go in an emergency. Thus, while the college is planning to rely on the hospital if necessary in a pandemic, the hospital is not planning to provide services to possibly large numbers of students who may need medical care. Numerous such examples of the need to link with local partners were cited.

Human Resources policies and procedures were discussed at length because the impact of a pandemic on staffing at colleges and universities was an important concern for administrators, with a prediction of up to 40 percent of all staff could be absent at the height of a pandemic. The



need for extreme flexibility in deploying available staff is at odds with union agreements, policies related to leave, sick time, overtime pay, liability, etc. Issues identified as critical to continuity of operations in the event of a pandemic were:

- ♦ Who are “essential staff”? How many will be willing to come to work to keep the campus functioning?
- ♦ How will we keep essential staff as safe as possible? Will there be protections for them? What are the liabilities? Death benefits?
- ♦ Which staff will be allowed/encouraged to work from home? Do we have the infrastructure to support this? (And will the Internet be reliable in a pandemic situation?)
- ♦ If we tell people to stay home, will they continue to be compensated? Will they need to use their leave time?
- ♦ Union collective bargaining agreements
- ♦ Will we be able to make changes to an employee’s work schedule to manage challenges posed by absenteeism?
- ♦ How will we cross-train staff so that they could cover for each other in an emergency? Will unions agree to this?

Given their core mission, ***continuity of education*** is a key issue for pandemic planning for institutions of higher education. Participants explored possible methods for distance learning and other academic adjustments that could be made to enable students to complete an interrupted semester. The issues and challenges identified included:

- ♦ There was concern that in a widespread emergency such as a pandemic, the Internet could not be relied upon as the solution to long-distance learning.
- ♦ Even with Internet access, technology staff in academic institutions may not be available to support distance learning.
- ♦ If a semester is interrupted, could faculty adjust their courses to enable students to complete work from home (with or without on-line access)?
- ♦ If it is not possible for students to finish a semester, will colleges and universities be required to refund tuition?
- ♦ As some families purchase tuition insurance, would this type of insurance cover schooling lost due to a pandemic?

Several participants noted that basic ***prevention education*** about good hygiene and respiratory etiquette is essential in the higher educational environment. Some noted that basic supplies (e.g., soap) are not readily available to students. Others discussed the possibility of using the regular flu season, and especially promotion of vaccinations, to help to educate students about a pandemic.

Important partnerships/planning venues

Participants were asked to identify important partners for planning, and to identify existing coordinating structures that might be engaged for pandemic planning. The following groups were noted as possibilities for furthering planning efforts:

- ♦ College Health Association Network (CHAN)
- ♦ American College Health Association (ACHA)
- ♦ Massachusetts Board of Higher Education
- ♦ Worcester Consortium of College Health Directors
- ♦ Cooperating Colleges of Western MA
- ♦ Colleges of the Fenway, Boston Consortium
- ♦ Police Chiefs of Massachusetts Colleges
- ♦ Association of Independent Colleges and Universities in MA (AICUM)

Needs

Participants from higher education identified the following needs:

- ♦ Guidance on:
 - Planning assumptions to be employed pre-pandemic
 - Messages to be communicated pre-pandemic (templates for faculty, staff, students and families)
 - Likely triggers for school closings
 - How antivirals and eventually vaccine will be distributed
 - What, if any, incentives can be given to volunteers (e.g., vaccine)
- ♦ Increased training opportunities, including the opportunity to participate in drills and exercises
- ♦ Specific language for indemnification of volunteers
- ♦ High-level discussions with unions
- ♦ Possible bulk purchasing of emergency supplies (e.g., generators)
- ♦ Letter from Commissioner Cote to all college and university leaders stressing the importance of pandemic planning



D. Primary and Secondary Education (K–12)

Each primary and secondary education breakout session included an introductory presentation by the Department of Education (DOE) and MEMA that provided context for pandemic planning and preparedness as well as basic information about COOPs.

The main points emphasized in the presentation included:

- ♦ Ensuring that school districts understood the need to be educated about influenza pandemic issues, and prepared for continuing essential services during a pandemic
- ♦ Promoting coordination among organizations in the areas of public education, risk communication, and community preparedness
- ♦ A review of the purpose and content of Continuity of Operations Plans
 - ♦ All-hazards approach
 - ♦ Essential functions
 - ♦ 40 to 50 percent workforce reduction
 - ♦ School closings
 - ♦ Number of school days
- ♦ Identification of potential of next steps
 - ♦ Regional planning
 - ♦ Local community involvement
 - ♦ Responsibilities
 - ♦ Are there any existing structures in place?
- ♦ How the group will link to regional planning efforts
 - ♦ Public Health, Homeland Security, Hospitals
 - ♦ Exercises and Drills
 - ♦ Incident Command System (ICS)
- ♦ Planning Recommendations
 - ♦ Invite community, outside agencies (city, fire, police, emergency management) to assist in plan development, training exercises, and revision
 - ♦ Conduct a Hazard and Risk Assessment
 - ♦ All-hazards planning
 - ♦ Survey staff

It was acknowledged that superintendents are the education leaders in the communities and will be positioned to provide direction to both public and private institutions in an emergency situation.

Issues and challenges

Participants identified a number of challenges to pandemic planning. The majority of these challenges were similar from one region to another. Broad categories of concern included communication, school closings, alternative uses of school buildings, human resources policies and procedures, continuity of learning, and loss of non-educational programs provided by schools (e.g., child care, food service). These issues are discussed in more detail below.

There was significant discussion in each session about the possibility of ***school closings*** in the event of a pandemic. This issue raised a number of questions and concerns for participants. Discussion centered on the following:

- ♦ What will trigger school closings?
- ♦ Who will determine when schools close? Will they close statewide?
- ♦ Is it likely that school closings will happen simultaneously across the Commonwealth?
- ♦ How long will schools likely be closed?
- ♦ How will information about school closures be communicated to superintendents?
- ♦ If schools close, how will they know when it is safe to re-open?
- ♦ How will continuity of learning be maintained?

In addition to the disruption of learning that school closures would cause, participants noted that schools offer a range of programs that are not related to academics. Many children rely on school meals for nutrition, for example, and after-school programs are the primary source of childcare for many families. Transportation of children between school, home and other locations is a school district's responsibility. Participants also expressed concerns about recordkeeping and documentation in the event of school closings. Emergency plans will need to take these issues into account.

There is widespread concern about identifying the best mechanisms for ***communication*** with staff, faculty, students and their families in advance of a pandemic. Participants agreed that providing information in advance is appropriate and important. They were unsure, however, about the appropriate information to provide (content, and number of messages), best timing for providing the information, and vehicles for delivering information.

A number of possible avenues for delivering information were discussed. These included websites, PowerPoint presentations, videos on the web for parents/families, public access television, and podcasts. Schools want guidance on clear, concise messages for teachers, parents, and for students in multiple age groups. Materials are needed in multiple languages to ensure that messages are accessible to non-English speaking families. It was noted that some communities in Western Massachusetts have limited access to Internet service.



There was strong agreement that the Department of Education Commissioner's Listserv is a very effective vehicle for getting information to superintendents themselves. The importance of effective communication with school nurses was also noted. In response to interest from participants, the Department of Education has already undertaken work to include pandemic information on its website, including a "Frequently Asked Questions" section that will be kept current as planning progresses.

Human Resources policies and procedures are important to school administrators given the impact a pandemic will have on staffing at primary and secondary schools. The point was raised that given certain requirements related to student/teacher ratios and basic supervision needs, many schools simply could not operate if 40 percent of staff were absent at the height of a pandemic. As in other sectors, the need for extreme flexibility in deploying available staff is at odds with union agreements, policies related to leave, sick time, overtime pay, liability, etc. The following types of issues were identified as critical to being able to perform in the event of a pandemic:

- ♦ Who are "essential staff"? How many will be willing to come to work to keep the school functioning?
- ♦ How will we keep essential staff as safe as possible? Will there be protections for them (e.g., will classroom teachers be a priority when vaccine is available?)?
- ♦ Will school districts pay teachers and staff if schools are closed?
- ♦ Union collective bargaining agreements

The need for identification of roles and responsibilities and **coordination** with other plans at the local level was noted as a challenge to planning. Collaboration between and among school districts and other local officials, including local health, public safety, and municipal leaders and LEPCs must be enhanced. Many school nurse leaders work with multiple towns, but there is still limited coordination among school systems in these towns. Participants expressed concern about how they will reach private, parochial and charter schools, as well as schools providing special education. Preschools may or may not be connected to the public school system, depending upon the locality. In addition, childcare is provided by many groups in school buildings, such as after-school programs, but often has different management/staff than the school district. It is important to get staff from these types of programs involved.

There is concern that school buildings may be arranged for alternative uses by other planning groups without the knowledge of the school district. If schools are potential locations for alternative care sites or emergency dispensing sites, school leaders need to know about the planning assumptions and understand the related implications for their own preparation. This also holds true with respect to expectations of school health personnel; if they are being identified as resources by another planning entity, school leaders need to know and make their own plans accordingly. There was a call for existing local plans to be shared and reviewed.

To support **prevention**, improved hygiene among school-aged children is important. Participants noted, however, that the upgrading of school lavatories and provision of sanitation/hygiene supplies takes resources that many school districts do not have. Lack of resources was also identified as a barrier to the purchase of other infection-control supplies and equipment. The need for planning, upgrades, and purchase of supplies may have implications for school committees in some communities.

Needs

Participants had many concrete requests for DOE, MDPH and MEMA, including:

- ♦ A model template for a school district COOP
- ♦ Planning assumptions to guide planning
- ♦ Guidance on:
 - A potential waiver of the 180-day rule
 - Options for alternative delivery of education (e.g., home schooling, distance learning)
 - Food services issues and physical plant coverage
 - Use of volunteers to keep schools open
 - School closing policies for regional school districts and educational collaboratives
 - Collective bargaining issues
- ♦ Clarification of Homeland Security regions
- ♦ Information that will allow schools to provide the same “pre-crisis” messages (e.g., to student/parents/staff/vendors about what they can do to prepare)
- ♦ Education to enable teachers and staff to recognize signs and symptoms of illness
- ♦ Opportunities to participate in tabletop exercises and other drills
- ♦ Incident Command Structure (ICS) training to understand the different “languages” that are being used
- ♦ Handwashing information for all
- ♦ Resources, such as masks and other supplies
- ♦ Opportunities for bulk purchasing of emergency supplies
- ♦ Materials in different languages

Next Steps

Participants in the K-12 sessions identified the existing regional superintendent roundtables and/or Educational Collaboratives as vehicles for ongoing planning. They recommended that both MDPH and MEMA be invited to upcoming superintendent roundtables.

On the local level, participants agreed on the need to identify the appropriate people to work on pandemic plans. They noted the importance of superintendents, local boards of health, and elected officials coming together to plan for their communities.

Specific planning steps that could be undertaken by school districts in the short term include:

- ♦ Administering a survey to assess the percentage of students who have TV and DVD or VHS players
- ♦ Identifying students with special learning needs/language needs
- ♦ Creating a syllabus for parents who may be charged with education at home for their own children, including children with special needs
- ♦ Identifying children who rely on schools for meals
- ♦ Considering how schools will provide services to children who are dealing with loss
- ♦ Making prevention information available to school communities

E. Municipal Government

Although significant outreach efforts were undertaken to encourage municipal leaders to attend pandemic planning conferences, most municipalities were not represented at the regional forums. Invitees who attended (including town managers, mayors, selectmen/women, and representatives from local boards of health) suggested that the most significant barrier to effective planning on the municipal level is that many local chief executives are not yet engaged in the planning process. Some executives may not understand that a pandemic would have wide-sweeping societal consequences; rather, they mistakenly believe that pandemic planning is strictly a health issue and have therefore delegated it to the local boards of health. Other administrators might believe that since local health and public safety staff is focused on pandemic planning, they themselves do not need to be involved in the planning efforts. Further, some municipal chief officials might assume that because departments within the city or town (namely public health and public safety) are working on pandemic issues on a *local* level, it is not necessary to send staff to attend *regional* planning meetings.

Role of municipal officials

Participants defined a number of areas of responsibilities for local officials in pandemic planning, including:

- ♦ Communication
- ♦ Public information/education
- ♦ Vaccine distribution

- ♦ Ensuring coordination among all local departments

Chief Executives' coordination role was viewed as particularly important given the number of distinct players who would ideally be involved at the local level. Within municipal government, the following groups are viewed as essential: local boards of health; police, fire and Emergency Medical Services (EMS); schools; elder services; animal control; department of public works; legal experts; community health centers; purchasing and payroll; and senior level managers who have the authority to make funding decisions.

Additional local groups identified included: hospitals; political organizations, including neighborhood grass-roots organizations; mothers (as family heads); civic and faith-based groups; local mortuary services; local pharmacies; utilities; post offices; grocery stores; and local press, print, television and radio stations.

Issues and Challenges

The participants in the municipal breakout sessions identified a number of challenges for municipalities related to pandemic planning. Many of these challenges reinforce the need for local leadership from top elected and appointed officials.

Legal and regulatory barriers, including Health Information and Privacy Health Insurance Portability and Accountability Act (HIPAA) laws regarding privacy, collective bargaining agreements, and liability concerns were discussed as challenges for municipal leaders. Municipalities face the same issues with human resources and other policy decisions as other organizations: Will employees be paid if they are told not to report to work? How will benefits be handled in a situation where people are told not to report to work? Will union agreements limit the flexibility of the workforce? The topic of mutual aid agreements was also identified as important. (The Nashoba Valley Boards of Health mutual aid agreement was noted as an example of a successful agreement.)

Many participants expressed that there is a **lack of clarity about roles** of emergency management as opposed to those of health vs. school vs. police and fire. Some noted confusion on the part of local officials as to who is in charge. Some municipalities have better collaboration between public health and public safety, such as police, fire and EMS than others. Because statewide regional configurations differ across disciplines, collaboration at the regional level can be complicated (i.e., fire, EMS, public health and Homeland Security regions are all differently numbered and do not correspond with one another).

Resources for planning can be a challenge in many municipalities. It is difficult to get information immediately to selectmen that volunteer their time and meet infrequently. It is also challenging to have an effective COOP if a local department is staffed by one or two people; staff resources are very thin in many municipalities, especially in small towns, so redundancy is not possible. Many small communities do not have resources such as nurses and a staffed health



department. They also do not have access to equipment resources such as emergency generators. In some cities and towns, the suitability of physical structures for Emergency Dispensing Sites (EDS), shelters, etc. is a challenge. Some schools lack generators, for example, meaning they aren't appropriate sites for alternate care. Finally, participants expressed concerns about funds for pandemic preparedness activities, and the need to consider alternative and creative approaches for local planning.

Caring for *special populations*, such as the homebound, elderly, or others with special needs, will be the charge of local government and presents significant challenges. (The City of Lowell was suggested to have a model program for delivery of home care. It was also noted that MDPH is working with a contractor and the Home Care Alliance of Massachusetts to integrate home care providers into the statewide planning process.) Further, as refugees and immigrant populations experience language barriers, risk communication must be handled in several languages.

For many people, home sheltering will not be an option in a pandemic, because they lack the space or the money to stockpile or because they simply do not prepare in advance. It was noted that people who need extra stores of prescriptions are not currently able to get them due to insurance limitations; this has the potential to create challenges for municipalities trying to care for residents in the event of a pandemic.

Communication, both pre-event and during a pandemic, is a significant challenge to municipalities. In some cities and towns, it is not clear who would be the Public Information Officer in an emergency. Despite agreement among state and local officials that people need to be educated in advance of an emergency, many report that physicians are telling patients not to worry about a pandemic, and therefore can make it difficult to get people's attention. There was strong support for MDPH's public education campaign, planned for fall of 2006. Because participants felt it is not realistic for everyone to go to a government website for information, they suggested that the media must be involved in the effort to reach the public.

Needs

Municipal participants identified some specific assistance that they would like to see from the state, including:

- ♦ Guidance on:
 - COOP development
 - Funding mechanisms that can help ensure that money will be able to flow in the event of a pandemic – grant distribution and availability, COOP for payroll, accounts receivable
 - Social distancing
 - School closing scenarios

- Roles and responsibilities during a pandemic and how to plan accordingly
- A coordinated message from all the state agencies involved in pandemic planning
- Municipal compliance with the statute that mandates that each municipality must complete a local all-hazard contingency plan that becomes part of the Comprehensive Emergency Management Plan (CEMP); it was suggested that pandemic planning be added as a statutory requirement of municipal all-hazard plans

The group proposed that MDPH facilitate a meeting between local chief elected officials and local hospitals regarding surge planning, including the establishment of Influenza Specialty Care Units (ISCUs) and catchment areas, to encourage participation in the regional planning being conducted by hospitals and health departments.

Next Steps

In all regions, participants agreed that engaging top municipal officials and charging them with convening their own key staff is critical to local pandemic planning. All groups also noted the importance of bringing municipal officials together at the regional level once they have initiated planning efforts within their cities and towns.

Participants suggested that local municipal CEOs conduct an audit of all local assets, emergency plans, procedures, etc. and direct department heads to prioritize collaborative interdepartmental preparedness planning efforts. Another possibility for jump-starting municipal planning would be to invite MDPH regional coordinators to address local planning committees.

Participants suggested that MDPH work with the Regional Planning Agencies and the Massachusetts Municipal Association (MMA) to reach out to local municipal government officials. Other recommendations for next steps included:

- ♦ Summits conducted by MMA
- ♦ Regional conferences with larger cities/towns as a “host” planning site for surrounding towns
- ♦ Regional exercises to test planning and demonstrate planning/preparedness efforts to the public

F. Public Health, Public Safety, and Hospitals (PH/PS/H)

Participants in the PH/PS/H sessions included representatives from fire and police departments, EMS, local public health, hospital emergency departments, and Homeland Security Planning Councils. While these groups are routinely engaged in emergency planning and have been conducting pandemic planning for some time, they acknowledged that considerable work remains, particularly in terms of coordinating the numerous efforts at the local, regional and state levels.

Issues and Challenges

While some challenges were common to all, the different groups represented also identified issues particular to their disciplines/institutions. **Hospital representatives** noted that they currently struggle with staffing, making a 40 percent loss of staff very difficult. They expressed concern about protocols for altered standards of care that might be necessary in the event of a pandemic, and noted the need for a system to prioritize ambulance use and the use of other vehicles, if necessary. Ambulance services also need altered standards of treatment and release that would be applicable in the event of a pandemic. Hospitals are concerned about standards of care for ISCUs, and are unsure about the quantities of equipment and supplies that should be stockpiled in advance of a pandemic. In addition, hospital representatives noted issues related to security; they worry both about securing supplies and about staff security in an emergency, and noted that hospitals will need protection. **Public safety representatives** acknowledged the need to protect regional assets such as hospitals, but expressed concern about staffing levels.

Legal issues identified by hospital, public health and public safety participants involved questions related to volunteers; life insurance/hazard pay for first responders and others; and broad liability issues. They discussed whether Good Samaritan laws were adequate/applicable in a pandemic situation, and which services cities and towns would be unable to provide in such circumstances. They also discussed legal issues related to evacuation and shelters, both shelters run by municipalities and Red Cross, and others. Participants believe that Memorandums of Understanding (MOUs) need to be put in place in advance of an emergency, and that the system for recruiting and managing volunteers needs to be coordinated.

Participants were concerned about a range of **mental health issues**. They noted that stockpiling of medications is not possible for many people given insurance limitations. They were not aware of a plan to address the ongoing provision of mental health services in a pandemic situation, and are concerned about the vulnerability of people who might be isolated or displaced in a pandemic.

Human resources issues were cited widely. Collective bargaining agreements regarding staffing may be a challenge. Participants contemplated staffing waivers and flexibility related to credentials in a pandemic. The role of volunteers and coordination of volunteer pools were also raised in the sessions. Some participants questioned whether the state's expectations of volunteer selectmen/women are realistic.

Communication and coordination remain significant planning challenges. Different regional structures for various state agencies complicates the ability of different disciplines to work together effectively on a regional basis. Some participants were not clear about the roles of various disciplines at the local, regional, and state levels. Involvement of municipal leaders is essential in coordinating the work of public health, public safety, LEPCs, schools, and other

groups who are planning at the local level to enhance planning among the various disciplines at the regional level. Municipalities need plans that roll up to create regional plans that then merge with the state plans. The issue of coordinating planning with bordering states was also introduced as a challenge.

Representatives discussed the importance, as well as further coordination challenges, of engaging public health nurses, councils on aging, National Guard, Red Cross and Salvation Army, pharmacies, and sheriff's departments in the planning efforts.

Some participants indicated that interagency communication at the local level must be improved, but noted that there are funding challenges to enhancing their communication systems. Others feel overloaded with information, and need some ways to filter and prioritize information. Many individuals argued for more centralization of pandemic planning information, which currently comes from a number of sources. There was some discussion of the Health and Homeland Security Network (HHAN) as a communication tool; participants' experience with the HHAN to date was varied.

The sector also discussed communicating with the public. It was noted that many communities need to communicate in several languages. Participants agree that the public needs information in advance of an emergency and that messages need to be consistent to address existing anxiety. Possible vehicles for dealing with public education include reverse 911 or some sort of 411 system for non-critical calls.

Participants underscored that there are *differences among communities*, and that regional needs may vary. Transportation, for example, is an issue for more isolated communities, but is not generally a problem in urban areas. Different communities also have different assets; regions need to understand the existing assets and gaps. (Many noted that hospitals need to be viewed as regional assets, not just identified with one community.) Participants noted that regional stockpiles of supplies are needed, but that they are unsure about which supplies and in what quantities they should be stockpiling.

Needs

Participants from hospitals, public safety and public health identified the following needs:

- Clarification of roles at the state, regional, and local levels
- A better understanding of notification to put their local plans into action (i.e., a directive from the state)
- A better understanding of the state plan to ensure local coordination
- Consistent regions (e.g., Public Health, Public Safety, Homeland Security, Hospital)
- A list of acronyms and a glossary



- EOPS outreach to public safety at the local level to get fire and police engaged in planning
- State agency coordination of communications so messages are consistent, before and during a pandemic
- Consistent risk communication messages in multiple languages
- Liability protection for hospitals from the state
- Communication about the issues the state is addressing via progress reports
- Guidance on how much equipment/supplies are needed in an emergency
- Universal communication with messages written by one state agency; HHAN should be used to post messages

Next Steps

Thoughts about next steps for representatives from hospitals, public health and public safety were numerous and varied. As noted earlier, each of these sectors has been undertaking pandemic planning for some time, but challenges remain. One major necessity for effective planning is the involvement of municipal officials, particularly in the role of convening multiple disciplines (police, fire, EMS, public health) and facilitating coordination at the local level. Participants recognize that strong local planning is essential to regional readiness and that municipal leaders must be engaged to bring together the various important players within each city or town. The recommendations for involving municipal leaders (presented in the previous section of this report) address many of the identified concerns regarding communication and collaboration. Some participants identified the existing regional Homeland Security Advisory Committees as logical planning bodies for integrating the various planning efforts at the regional level.

III. CONCLUSIONS

Conference participants found the information on pandemic flu, its likely impact, and the importance of planning to be useful, and appreciated the opportunity to meet with colleagues to discuss the challenges and needs related to planning.

One intention of the regional conferences was to kick-off regional planning in each sector, helping participants to identify mechanisms for planning collaboratively for their sectors. Although the regional primary and secondary education groups and some of the public health/public safety/health care groups have plans for a next meeting, most in the other sectors do not. Instead, the individual organizations represented at the conferences will begin or continue institutional planning on their own. It is not clear how necessary regional structures for sector planning will be for these groups. However, participants recommended using existing structures (e.g., local, regional, statewide) for engaging other organizations that were not represented at the conferences. Faith organizations, for example, recommended reaching out to religious associations (statewide or New England) to engage denominational leadership for their support in encouraging planning among their member organizations. Businesses recommended

using chambers of commerce for such purposes. Although some in higher education would like the opportunity to communicate with colleagues while planning, only one called for a regional meeting following the conferences.

While many groups did not perceive a need for regional structures for planning, all identified issues and challenges that require assistance from state agencies to resolve. They need clarification about legal issues and policies, information for use in planning, assistance with negotiations (e.g., union, health insurers), educational information and materials, assistance in engaging senior organizational leadership, and support for addressing the needs of special populations. The next section offers recommendations on how the Department of Public Health and other state agencies can address some of the needs articulated by participants and support planning for pandemic across the Commonwealth.

IV. RECOMMENDATIONS

The recommendations below are based on challenges and resource needs (e.g., information, tools and technical assistance) identified by representatives across the sectors as necessary for successful pandemic planning. The first set of recommendations applies to all of the sectors, followed by those specific to individual sectors.

The following recommendations to support all sectors in pandemic planning:

- ♦ Assign a MDPH staff person to serve as the primary contact and coordinator of work for each of the six sectors to ensure the recommendations for each are implemented
- ♦ Develop information and materials for distribution across all sectors. Ensure that materials for the public are translated into multiple languages. Consider using VHS or DVD to convey information to those who must engage in planning. Materials should include information on:
 - Pre-crisis messaging and templates, including planning assumptions
 - Crisis messaging
 - Information on vaccine distribution and stockpiling
 - Clarification about regional structures
 - Signs and symptoms of illness
 - The importance/effectiveness of handwashing and social distancing
 - Information on the indemnification of volunteers and opportunities (e.g., MSAR) and incentives for volunteering
 - How to deal with loss, grief, and death especially when avenues of support (e.g., churches, therapists, AA/NA meetings) may be unavailable
- ♦ Provide guidance on engaging unions in discussions about labor issues related to continuity of operations planning



- ♦ Development of model COOPs that can be shared with others in their respective sectors
- ♦ Determine the pandemic supplies that are needed across all sectors and consider options for bulk purchasing (e.g., generators, masks, gloves)
- ♦ Partner with insurance companies and public payers to address coverage (e.g., vaccines and antivirals) and medication supply issues (i.e., greater than 30 days) that are likely to cause difficulty during a pandemic
- ♦ Coordinate planning among food pantries, shelters, primary/secondary school meal programs, residential colleges/universities and organizations that may be able to assist with food distribution and shelter assistance in the event of church and school closings (e.g., American Red Cross, Meals on Wheels)
- ♦ Work with Public Safety to ensure Reverse 911 is available in all communities statewide

Business

- ♦ Reach out to chambers of commerce and other business associations to disseminate pandemic materials and checklists
- ♦ Identify strategic businesses to ensure they are linked to local, regional or state planning, as appropriate
- ♦ Provide relevant contact information for those engaged in planning at the local and regional level to businesses who request such information
- ♦ Provide contact information for businesses who are actively engaged in planning and those who have completed COOPs to businesses needing guidance
- ♦ Organize an educational session for funeral directors

Higher Education

- ♦ Send a letter from Commissioner Cote to college and university presidents conveying the importance of pandemic planning, including materials and checklists
- ♦ Provide guidance on likely triggers for school closing (e.g., to prevent spread of disease or when they can no longer operate effectively)
- ♦ Alert colleges and universities about opportunities to participate in drills and exercises
- ♦ Work with the Board of Higher Education to determine which of the available mechanisms (e.g., existing meetings, websites) would be most useful for allowing college and university personnel to communicate and collaborate on pandemic plans, and publicize best communication venue(s) to the sector

Primary and Secondary Education

- ♦ Work with the Department of Education to provide the sector with guidance on the 180-day rule, school closings, alternative methods of education, and staffing ratios
- ♦ Provide masks and other supplies
- ♦ Alert superintendents about opportunities to participate in drills and exercises
- ♦ Provide training on ICS
- ♦ Ensure that MDPH and MEMA representatives attend Superintendent Roundtables to discuss the importance of planning, hear concerns, and answer questions
- ♦ Provide relevant contact information for those engaged in planning at the local and regional level to superintendents

Civic/Faith/Community Organizations

- ♦ Articulate the top five or ten pandemic planning priorities
- ♦ Disseminate materials and checklists through state and regional religious associations and local interfaith councils
- ♦ Provide guidance on when religious organizations should suspend services
- ♦ Provide guidance on the provision of pastoral care services, including whether/how those who are not currently credentialed will be permitted to provide such care if credentialed providers are not available due to illness
- ♦ Provide guidance on what to say to the uninsured and to undocumented immigrants about the use of health services during pandemic
- ♦ Provide relevant contact information for those engaged in planning at the local and regional level to those who request such information

Municipalities

- ♦ Engage chief officials in each municipality in planning
 - Conduct personalized outreach to those who did not attend regional conferences
 - Create and disseminate a list of municipalities who are engaged in planning, or who have completed plans
 - Send letter alerting officials that local schools, churches, and businesses may be contacting them to coordinate their planning with municipal plans
- ♦ Clarify expectations for municipal leaders regarding how their plans relate to others in the community (e.g., public health, public safety, schools, hospitals)
- ♦ Provide guidance on relief for services if staff are out and town functions (e.g., tax collection) cannot be performed



- ♦ Provide guidance on COOP planning when municipal staffing is limited (e.g., one or two persons)
- ♦ Provide guidance on why and how municipalities should include special populations in their planning
- ♦ Facilitate a meeting between local chief elected officials and local hospitals regarding surge planning, including the establishment of ISCU and catchment areas to encourage participation in regional planning being conducted by hospitals and health departments

Public Health/Public Safety/Health Care

- ♦ Hospital planning for surge response needs to be integrated into community plans
- ♦ Local emergency managers should meet with hospital representatives and local public health representatives to clarify roles and responsibilities for EDS and ISCU planning and operation; identification and access to care of special populations, security for hospitals and ISCU, and inventories of volunteer and vendor lists should be discussed
- ♦ The hospital, EMS, and local health representatives who sit on the Homeland Security Councils should act as liaisons, representing their sector at the Council, and bringing back information to their sector on a regular basis
- ♦ All sector planning groups (hospital, local health coalitions, Homeland Security Councils, LEPCs) should share meeting times, agendas, contact information and other resources with each other

The broad participation in the regional pandemic planning conferences hosted by MDPH demonstrates that leaders from across the Commonwealth are interested in learning more about how they can prepare their organizations for an influenza pandemic. At the conferences, these leaders identified the information and tools that they need to plan successfully. MDPH, in cooperation with EOPS, is currently working to address the needs and next steps outlined in this report. Updated information about the initiatives being undertaken on behalf of various sectors can be found on the MDPH website at www.mass.gov/dph/flu.